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FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT
AND RELATED MATTERS: ALL PHASES
INCLUDING LICENSING AND LITIGATION

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OF COUNSEL

FACSIMILE TRANSMISSION

TOTAL PAGES (Including Cover Page) 26 DATE: January 17, 2006

Commissioner of Patents and Trademarks

TO: Examiner Katherine W. Mitchell FROM: Richard A. Giangorgi, Reg. No. 24,284

FAX NO: (571) 273-8300 FAX NO: (312) 704-8023

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NOTES:

Inventors: Clinch et al.
For: SPLIT WELD CAGE NUT
ASSEMBLY
Art Unit: 3677
Serial No.: 10/696,958
Filed: October 30, 2003
Attorney Ref.: 140/40303A/954A

CERTIFICATION OF FACSIMILE TRANSMISSION

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FROM TREXLER ETAL.

(TUE) 1.17'06 13:55/ST. 13:51/NO. 4860347836 P 2

FORM PTO-1053

Case Docket No. 40/40303A/954A

In re application of: Clinch et al.

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Serial No.: 10/696,958

JAN 17 2006

Filed: October 30, 2003

For: SPLIT WELD CAGE NUT ASSEMBLY

CERTIFICATION OF FACSIMILE TRANSMISSION

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January 17, 2006

Tiffany E. Sexton

Tiffany E. Sexton

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "Amendment And Response To Office Action Dated December 16, 2005" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 46	MINUS	** 43	3
INDEP.	* 8	MINUS	** 10	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$ 150.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$ 150.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 150.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Dated: 1-17-06

Richard A. Giangiorgi, Reg. No. 24,284
James A. O'Malley, Reg. No. 45,952
Attorney of Record

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FROM TREXLER ETAL.

(TUE) 1.17'06 13:55/ST.13:51/NO.4860347836 P 3

FORM PTO-1083

Case Docket No. 40/40303A/954A

In re application of: Clinch et al.
Serial No.: 10/696,958
Filed: October 30, 2003
For: SPLIT WELD CAGE NUT ASSEMBLY

CERTIFICATION OF FACSIMILE TRANSMISSION

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Date: January 17, 2006
Signature: Tiffany E. Sexton
Tiffany E. Sexton

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "Amendment And Response To Office Action Dated December 16, 2005" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 46	MINUS	** 43	3
INDEP.	* 8	MINUS	** 10	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL	
ADDIT. FEE	\$.00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 10 =	\$ 150.00
x 20 =	\$.00
+ 300 =	\$.00
TOTAL	\$ 150.00

OR

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- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 150.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
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- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Dated: 1-17-06

Richard A. Giangiorgi, Reg. No. 24,284
James A. O'Malley, Reg. No. 45,952
Attorney of Record

PATENT

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Serial No.: 10/696,958)
Applicant: Clinch et al.)
Filed: October 30, 2003)
For: SPLIT WELD CAGE)
NUT ASSEMBLY)
Examiner: Katherine W. Mitchell)
Art Unit: 3677)
Atty. Docket No.: 140/40303A/954A)

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AMENDMENT AND RESPONSE TO OFFICE ACTION
DATED DECEMBER 16, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action of December 16, 2005, having a shortened statutory period for response set to expire on March 16, 2006, kindly amend the above-designated application as follows:

01/18/2006 MBINAS 00000041 201495 10696958
01 FC:1202 150.00 DA

Serial No.: 10/696,958
Art Unit: 3677